

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2000

Application or Docket Number

09 733602

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	13	<input type="checkbox"/>
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	13 minus 20 =	* <input type="checkbox"/>
INDEPENDENT CLAIMS	3 minus 3 =	* <input type="checkbox"/>
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* <input type="checkbox"/>	Minus	** <input type="checkbox"/>
Independent	* <input type="checkbox"/>	Minus	*** <input type="checkbox"/>	= <input type="checkbox"/>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>	

SMALL ENTITY TYPE	<input type="checkbox"/>	OTHER THAN SMALL ENTITY
	RATE	FEE
BASIC FEE	355.00	BASIC FEE
OR	X\$ 9=	710.00
OR	X\$18=	
OR	X40=	
OR	X80=	
OR	+135=	+270=
TOTAL	355	TOTAL

SMALL ENTITY	<input type="checkbox"/>	OTHER THAN SMALL ENTITY
	RATE	ADDI- TIONAL FEE
ADDITIONAL FEE	X\$ 9=	ADDITIONAL FEE
OR	X\$18=	
OR	X40=	
OR	X80=	
OR	+135=	+270=
TOTAL ADDITIONAL FEE		TOTAL ADDITIONAL FEE

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* <input type="checkbox"/>	Minus	** <input type="checkbox"/>
Independent	* <input type="checkbox"/>	Minus	*** <input type="checkbox"/>	= <input type="checkbox"/>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>	

RATE	<input type="checkbox"/>	RATE	<input type="checkbox"/>	ADDI- TIONAL FEE
	X\$ 9=	X\$18=	X40=	X80=
OR	X\$18=		X80=	+270=
OR	X40=			
OR	+135=			
TOTAL ADDITIONAL FEE		TOTAL ADDITIONAL FEE		

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* <input type="checkbox"/>	Minus	** <input type="checkbox"/>
Independent	* <input type="checkbox"/>	Minus	*** <input type="checkbox"/>	= <input type="checkbox"/>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>	

RATE	<input type="checkbox"/>	RATE	<input type="checkbox"/>	ADDI- TIONAL FEE
	X\$ 9=	X\$18=	X40=	X80=
OR	X\$18=		X80=	+270=
OR	X40=			
OR	+135=			
TOTAL ADDITIONAL FEE		TOTAL ADDITIONAL FEE		

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.